



AF 1624  
CASE PH7306 NP

**CERTIFICATE OF MAILING**

b1  
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to the: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Sammy G. Duncan, Jr.  
Type or print name

Signature

February 11, 2004  
Date

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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FEB 24 2004

IN RE APPLICATION OF  
ROBICHAUD ET AL.

APPLICATION NO: 10/026,226 ✓

FILED: 12/19/01

FOR: ARYL AND AMINOARYL SUBSTITUTED SEROTONIN RECEPTOR  
AGONIST AND ANTAGONIST LIGANDS

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**FEE LETTER FOR INFORMATION DISCLOSURE STATEMENT**

Sir:

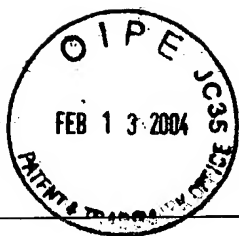
Please charge Deposit Account No. 19-3880 in the name of Bristol-Myers Squibb Company in the amount of \$180 for payment of the fee pursuant to 37 CFR §1.17(p) for the submission of an Information Disclosure Statement under 37 CFR §1.97(c).

An additional copy of this paper is here enclosed. The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Account No. 19-3880 in the name of Bristol-Myers Squibb Company.

Respectfully submitted,

Bristol-Myers Squibb Company  
Patent Department  
P.O. Box 4000  
Princeton, NJ 08543-4000  
(609) 252-6270  
Date: February 11, 2004

Sammy G. Duncan, Jr.  
Attorney for Applicants  
Reg. No. 46,675



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INFORMATION DISCLOSURE STATEMENT

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Sir:

This Information Disclosure Statement is being filed in accordance with 37 C.F.R. §1.97(c).  
A letter for payment of fee set forth in 37 C.F.R. §1.17(p) is enclosed.

In accordance with 37 C.F.R. §1.56, applicants wish to call the Examiner's attention to the  
references cited on the attached form(s) PTO-1449.

Copies of these references are enclosed herewith.

02/18/2004 NROCHA1 00000024 193880 10026226

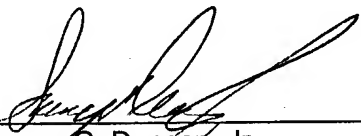
01 FC:1806 180.00 DA

The Examiner is requested to consider the foregoing information in relation to this application and indicate that each reference was considered by returning a copy of the initialed PTO 1449 form(s).

The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Account No. 19-3880 in the name of Bristol-Myers Squibb Company.

Respectfully submitted,

Bristol-Myers Squibb Company  
Patent Department  
P.O. Box 4000  
Princeton, NJ 08543-4000  
(609) 252-6270

  
\_\_\_\_\_  
Sammy G. Duncan, Jr.  
Attorney for Applicants  
Reg. No. 46,675

Date: February 11, 2004

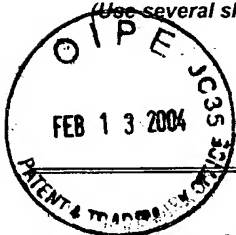
FORM PTO-1449  
(REV. 7-85)U.S. DEPARTMENT OF COMMERCE  
PATENT AND TRADEMARK OFFICE

## INFORMATION DISCLOSURE CITATION

(Use several sheets if necessary)

ATTY. DOCKET NO.  
PH7306 NP  
APPLICATION NO.  
10/026,226  
APPLICANT  
ROBICHAUD ET AL.  
FILING DATE  
12/19/01

Group



## U.S. PATENT DOCUMENTS

EXAMINER INITIAL	DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE
AA						
AB						
AC						
AD						

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## FOREIGN PATENT DOCUMENTS

	DOCUMENT NUMBER	DATE	OFFICE	CLASS	SUBCLASS	TRANSLATION YES NO	
AE	WO 00/12482	3/9/00	PCT			<input type="checkbox"/>	<input type="checkbox"/>
AF	WO 00/12481	3/9/00	PCT			<input type="checkbox"/>	<input type="checkbox"/>
AG	WO 00/44753	8/3/00	PCT			<input type="checkbox"/>	<input type="checkbox"/>
AH	WO 00/12510	3/9/00	PCT			<input type="checkbox"/>	<input type="checkbox"/>
AI	WO 00/12475	3/9/00	PCT			<input type="checkbox"/>	<input type="checkbox"/>
AJ	WO 97/42183	11/13/97	PCT			<input type="checkbox"/>	<input type="checkbox"/>
AK	WO 98/30546	7/16/98	PCT			<input type="checkbox"/>	<input type="checkbox"/>
AL	WO 97/00871	1/9/97	PCT			<input type="checkbox"/>	<input type="checkbox"/>
AM	CA 2,153,937	2/13/96	Canada			<input type="checkbox"/>	<input type="checkbox"/>
AN	EP 0655440	10/7/94	EP			<input type="checkbox"/>	<input type="checkbox"/>
AO	CA 2,097,465	12/6/93	Canada			<input type="checkbox"/>	<input type="checkbox"/>
AP						<input type="checkbox"/>	<input type="checkbox"/>
AQ						<input type="checkbox"/>	<input type="checkbox"/>
AR						<input type="checkbox"/>	<input type="checkbox"/>

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## OTHER DOCUMENTS (Including Author, Title, Date, Pertinent pages, Etc.)

AS	
AT	
AU	

EXAMINER

DATE CONSIDERED

\*EXAMINER: Initial of reference considered, whether or not citation is in conformance with MPEP 609: Draw a line through citation if not in conformance and not considered. Include a copy of this form with the next communication to applicant.